

Name  
in  
Full

Henry Amoger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

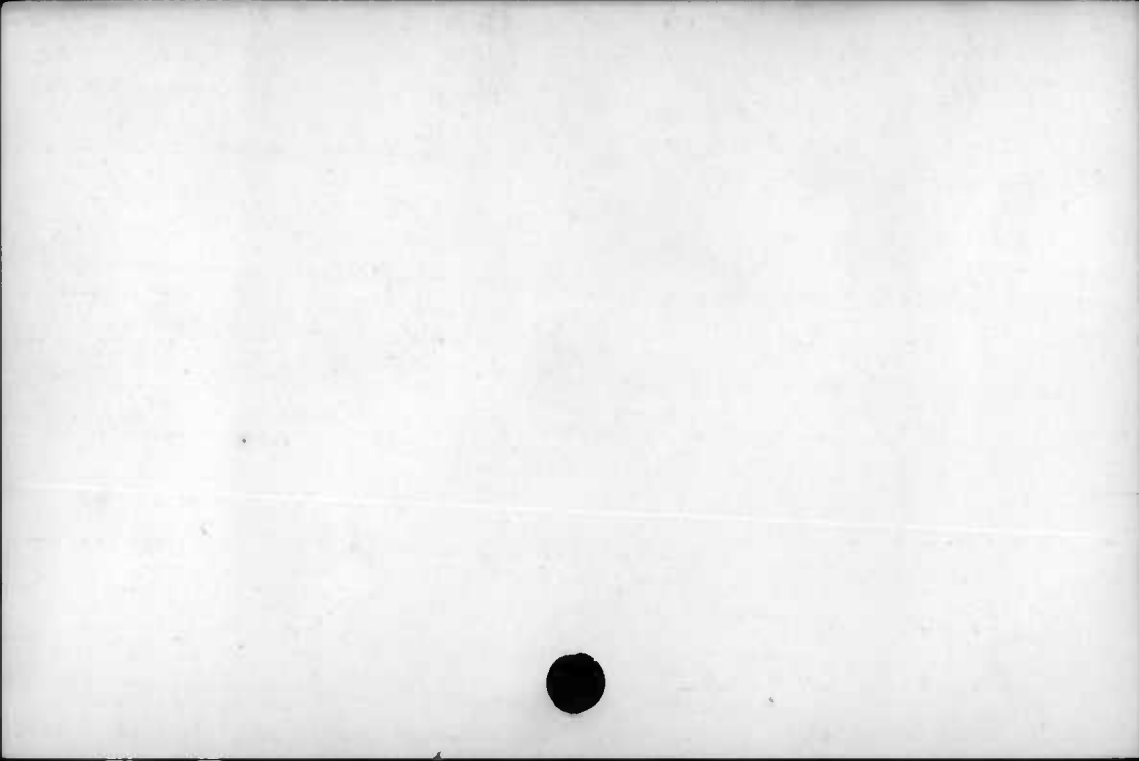
Died at <i>Accokeek</i> <sup>Town</sup>		<i>Prince George</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i> <sup>Month</sup> <i>June</i> <sup>Day</sup> <i>4</i>	Age	<i>Years</i>	<i>Months</i>	<i>Days</i>
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Accokeek, Maryland</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Thomas Amoger</i>			Father's Birthplace	<i>Accokeek, Md.</i>
Mother's Maiden Name	<i>Lulu Carter</i>			Mother's Birthplace	<i>Accokeek, Md.</i>
Name of person giving information	<i>Orsilla Amoger</i>			How related to deceased	<i>Grandmother</i>

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Natural causes</i>	How long	
Immediate	<i>Natural causes</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. H. Polhemus</i>
		Address	<i>Coroner.</i>
Accident or Suicide?	<i>No.</i>		<i>Marshall Hall, Md.</i>



Name  
in  
Full

James W. Atwell

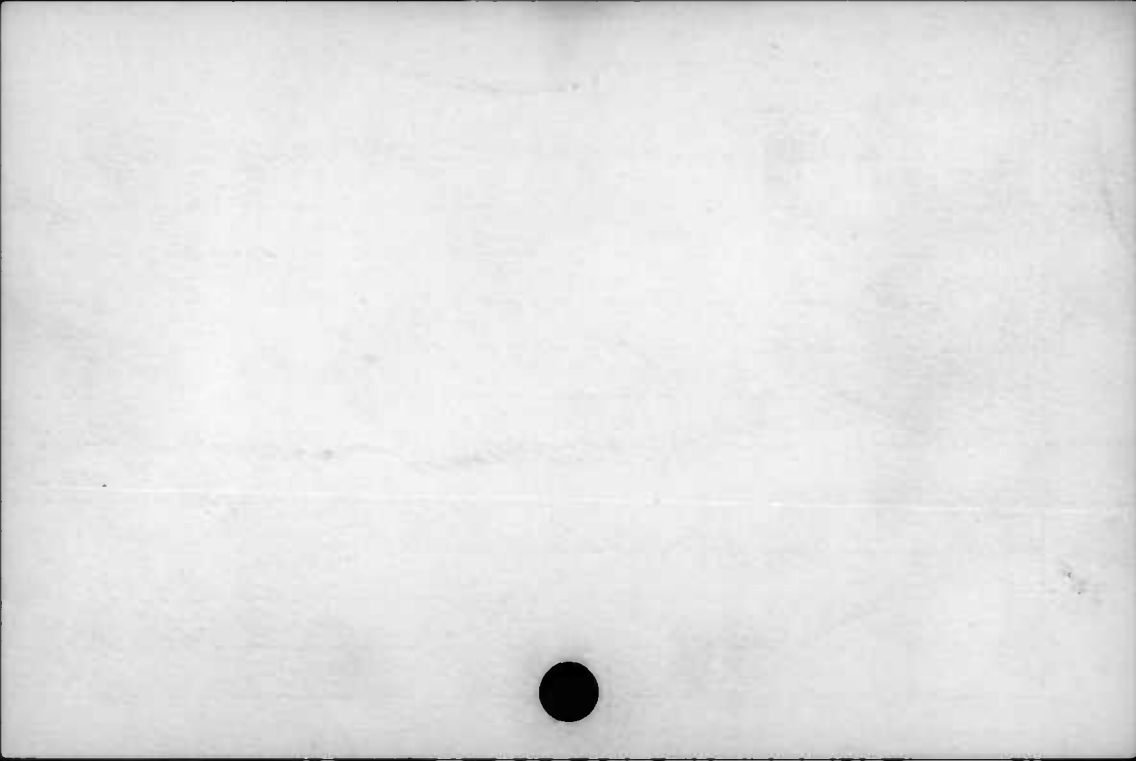
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brentwood</i> <sup>Town</sup>		<i>Pr. Geo</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>7</i> <sup>Month</sup>	<i>June</i>	Day	<i>2</i>	Age
				<i>4</i> <sup>Years</sup>	<i>10</i> <sup>Months</sup>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Westmoreland Co. Va</i>	
Married, Single or Widowed <i>married</i>		Occupation <i>Ice Dealer</i>			
Name of Wife or Husband <i>Minnie M. Atwell</i>					
Father's Name <i>Thomas Atwell</i>			Father's Birthplace <i>Westmoreland Co Va</i>		
Mother's Maiden Name <i>Eliza Johnson</i>			Mother's Birthplace " " "		
Name of person giving information <i>Minnie M. Atwell</i>			How related to deceased <i>wife</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Cancer of Stomach</i>	<i>(40)</i>	How long	<i>3 mos.</i>
	Immediate	<i>Anemia</i>		How long	<i>3 weeks</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>J. C. Ahlendorf M.D.</i>	
	Address		<i>Brentwood Md</i>		
Accident or Suicide?				<i>J. R. Lee Cole M.D.</i> <i>418-7 St S.W.</i> <i>D.C.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Bell-

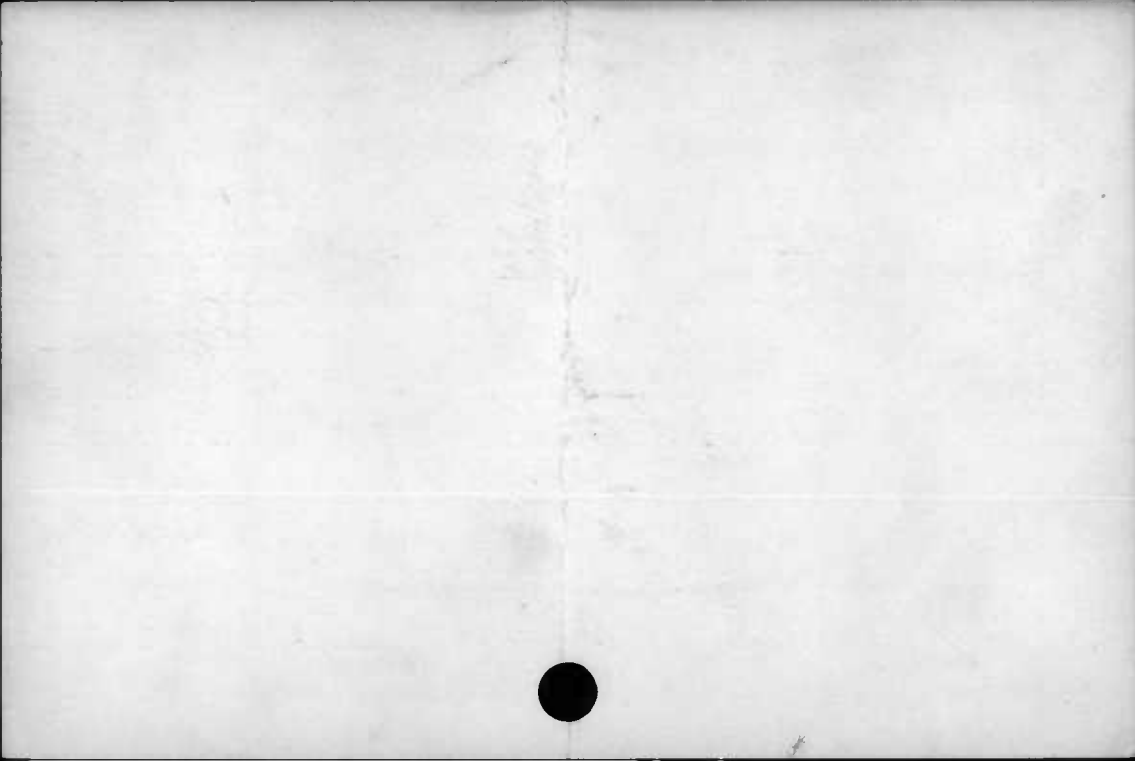
Died at <i>Mr. Rainier</i> <small>Town</small>		<i>Pr. Geo.</i> <small>County</small>		MARYLAND	
Date of death 190 <i>7</i> <small>Month</small>	<i>June</i> <small>Day</small>	<i>14</i> <small>Age</small>	<i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>8</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Mr. Rainier</i>			
Married, Single or Widowed <i>Infant</i>	Occupation <i>Infant</i>				
Name of Wife or Husband					
Father's Name <i>D. M. Jones</i>			Father's Birthplace <i>Lancaster Co. S.C.</i>		
Mother's Maiden Name <i>Frances Bell</i>			Mother's Birthplace <i>Lancaster Co. S.C.</i>		
Name of person giving information <i>Frances Bell</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Inanition (Fasting)</i>	How long <i>8 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Plenderford, M.D.</i>
	Address <i>Brentwood Md.</i>
Accident or Suicide?	



Name  
in  
Full

Moses Bradley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		June	8	Age	86	6	—
Sex		Color or Race		Birth-place			
Male		Caucasian		Bellevue City Mo			
Occupation				Where Residing if not at place of death			
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
Single		Mary Queen					
Father's Name				Father's Birthplace			
Unknown Bradley				Unknown			
Mother's Maiden Name				Mother's Birthplace			
Unknown				Unknown			
Name of person giving information				How related to deceased			
J. M. Bradley				Son			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Apoplexy	(64)	How long	2 weeks
Immediate	<del>Intestinal Obstruction</del>		How long	<del>2 weeks</del>
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			S. R. Harley	
			Address	
			Saint Louis	
Accident or Suicide?		no		





Name  
in  
Full

Francis May Britt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

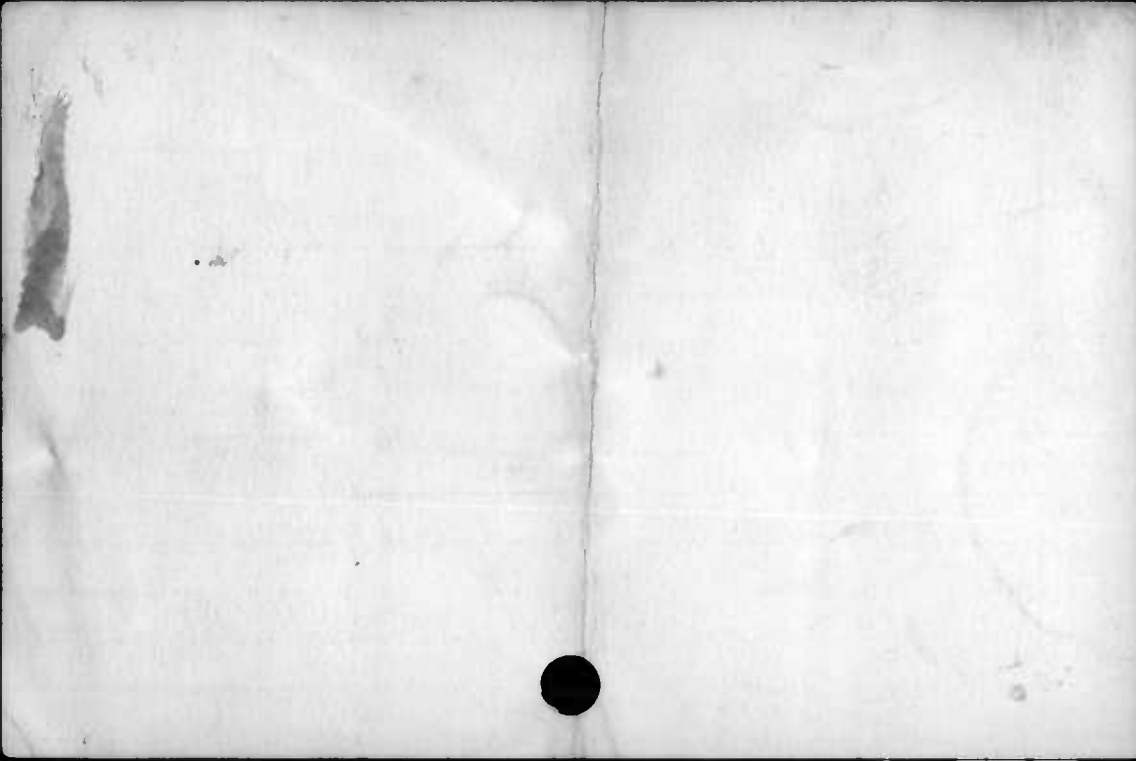
Died at <i>Hyattsville</i> <sup>Town</sup>		<i>Prince Georges</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>June</i>	Day	<i>24</i>
Age		<i>48</i>	Years	<i>0</i>	Months
Sex		<i>Female</i>	Color or Race	<i>White</i>	Birth-place
Occupation		<i>House wife</i>		Where Residing if not at place of death	
Married, Single or Widowed		<i>Married</i>		Name of Wife or Husband	
Father's Name		<i>Francis Frazier</i>		Father's Birthplace	
Mother's Maiden Name		<i>Margaret Lloyd</i>		Mother's Birthplace	
Name of person giving information		<i>Geo. S. Britt</i>		How related to deceased	
				<i>Husband</i>	

## CAUSES OF DEATH

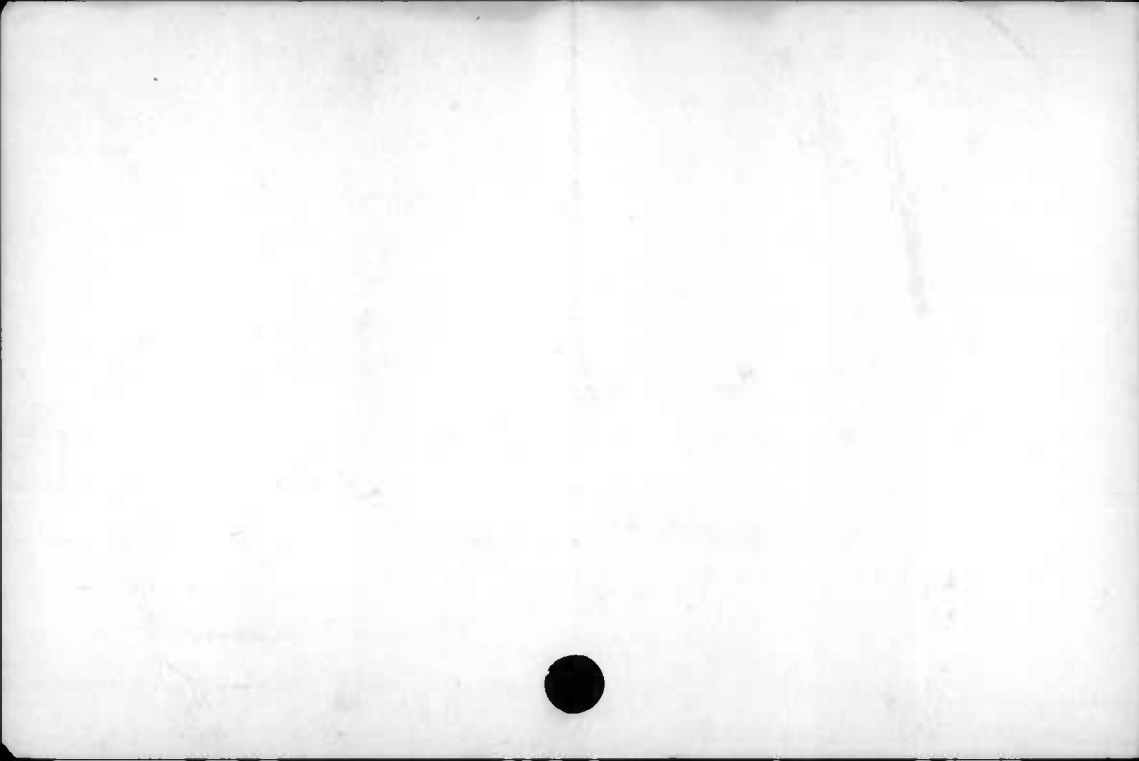
(41)

PHYSICIAN  
OR CORONER

Primary	<i>Carcinoma of Rectum.</i>	How long	<i>Two years</i>
Immediate	<i>Cachexia.</i>	How long	<i>" months</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	
Signature of Physician		<i>Truman C. C. C.</i>	
Address		<i>1539 I St. N.W.</i>	
Accident or Suicide?		<i>No</i>	
		<i>Washington D.C.</i>	



Name in Full		DANIELA BROWN				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Rosaryville		Pr Geo		MARYLAND	
	Date of death	1907	June	21	Age	48	Months Days
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		Md	
	Married, Single or Widowed	Widowed		Name of Wife or Husband		Charles Brown	
	Father's Name	William Queen		Father's Birthplace		Md	
	Mother's Maiden Name	Harrietta Jackson		Mother's Birthplace		" "	
	Name of person giving information	Johnnie Brown		How related to deceased		Son	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">27</div>							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	Don't Know
	Immediate	As Thymia				How long	Don't Know
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	W. H. Gibbons		
				Address	Croom Md		
	Accident or Suicide?						



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Alfred L. Derr</b>		Town <b>Hyattsville</b>		County <b>Prince George</b>		State <b>MARYLAND</b>	
Died at <b>Hyattsville</b>		Month <b>7 June</b>		Day <b>27</b>		Age <b>1</b>	
Date of death <b>1907</b>		Months <b>27</b>		Years <b>1</b>		Days <b>27</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Washington DC</b>			
Occupation <b>None</b>		Where Residing if not at place of death					
Married, Single <b>Single</b>		Name of Wife or Husband					
Father's Name <b>Harry B. Derr</b>		Mother's Maiden Name <b>Isabella Lee</b>		Father's Birthplace <b>Pa.</b>		Mother's Birthplace <b>Ill.</b>	
Name of person giving information <b>Isabella Derr</b>		How related to deceased <b>mother</b>					

## CAUSES OF DEATH

**(61)**PHYSICIAN  
OR CORONER

Primary <b>Cerebro-Spinal Meningitis</b>	How long <b>3 days</b>
Immediate <b>Convulsion</b>	How long
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Samuel W. Hatterman</b>
	Address <b>Hyattsville Md</b>
Accident or Suicide? <b>Neither</b>	

Hester Bleeker  
Mrs Reese

Name  
in  
Full

Elizabeth Edelin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

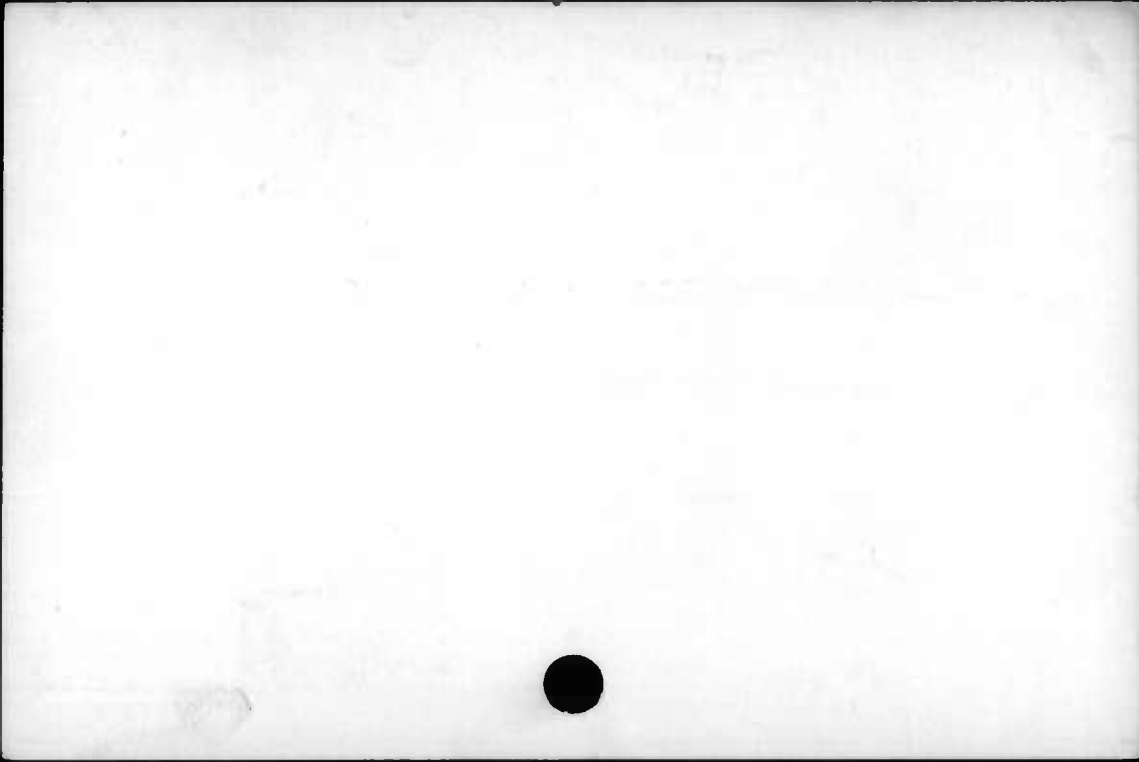
Died at <u>Forestville</u> <sup>Town</sup>		<u>Prince George</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>11</u>	Age <u>78</u> <sup>Years</sup>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color <u>ad</u> <sup>Race</sup>	Birth-place <u>Med.</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>—</u>				
Married, <del>Single</del> <u>Widowed</u>	Name of <del>Wife</del> <u>James Edelin</u> <sup>Husband</sup>				
Father's Name <u>Not known</u>	Father's Birthplace <u>Not known</u>				
Mother's Maiden Name <u>Not known</u>	Mother's Birthplace <u>Not known</u>				
Name of person giving information <u>Samuel Beall</u>	How related to deceased <u>None</u>				

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <u>old age and</u>	How long <u>sudden</u>
Immediate <u>Heart trouble</u>	How long <u>death.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John S. Samsbury M.D.</u>
<u>No Phys. in attendance</u>	Address <u>Forestville, Md.</u>
Accident or Suicide? <u>neither</u>	





Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Age	Years	Months
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
		Name of person giving information		How related to deceased				
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		How long				
		Immediate		How long				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
				Address				
		Accident or Suicide?						

Elizabeth Eleanor Eversfield

Died at College Park

County P. D.

Date of death 1907 June 20

Age 73

Sex Female

Color or Race White

Birth-place Md

Occupation None

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name John Eversfield

Father's Birthplace Md

Mother's Maiden Name Ann Carrie Bailey

Mother's Birthplace "

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary Indigestion

104

How long

Immediate Gall stone accumulated

How long

Are the name, age, sex, color, date and place correctly given above?

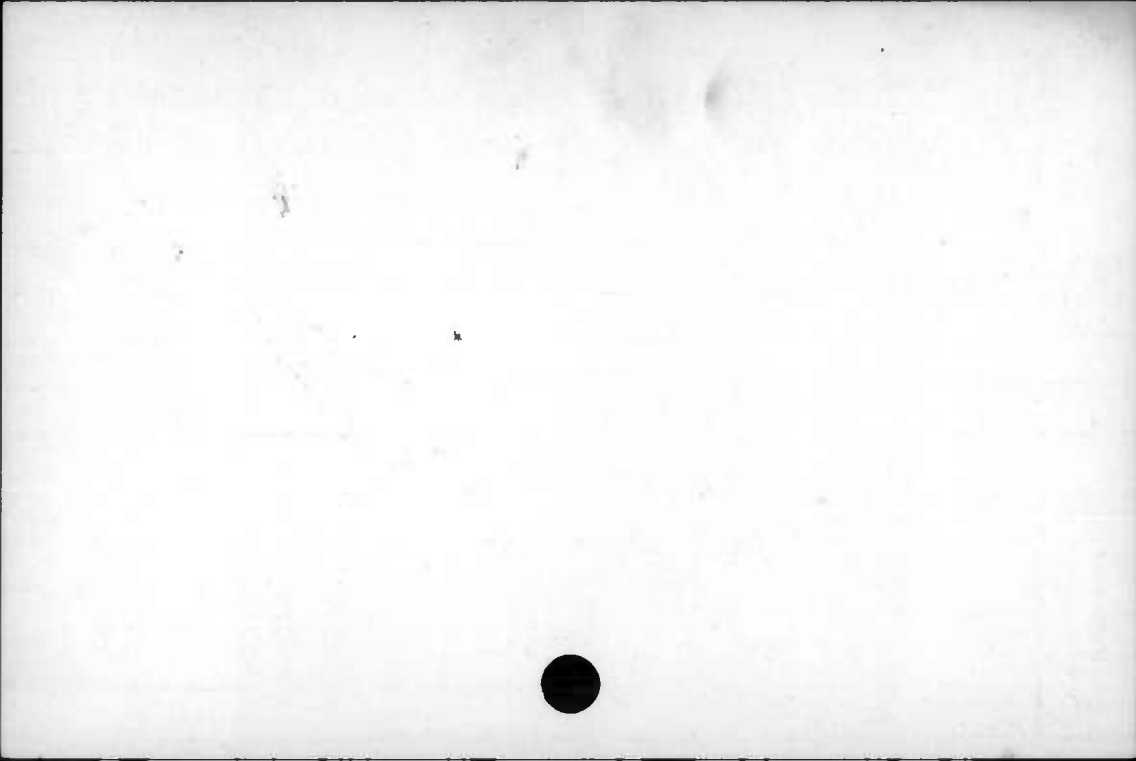
Signature of Physician

H. V. Eversfield

Address

College Park Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James Fisher

Died at

House of Ref. Maryland  
P. H. County

MARYLAND

Date

of death

1907 June

Month

Day

4

Years

Age

14

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Unknown

Occupation

Inmate

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation

John B. Pyles Sup't

How related  
to deceased

## CAUSES OF DEATH

Primary

Tuberculosis

(27)

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

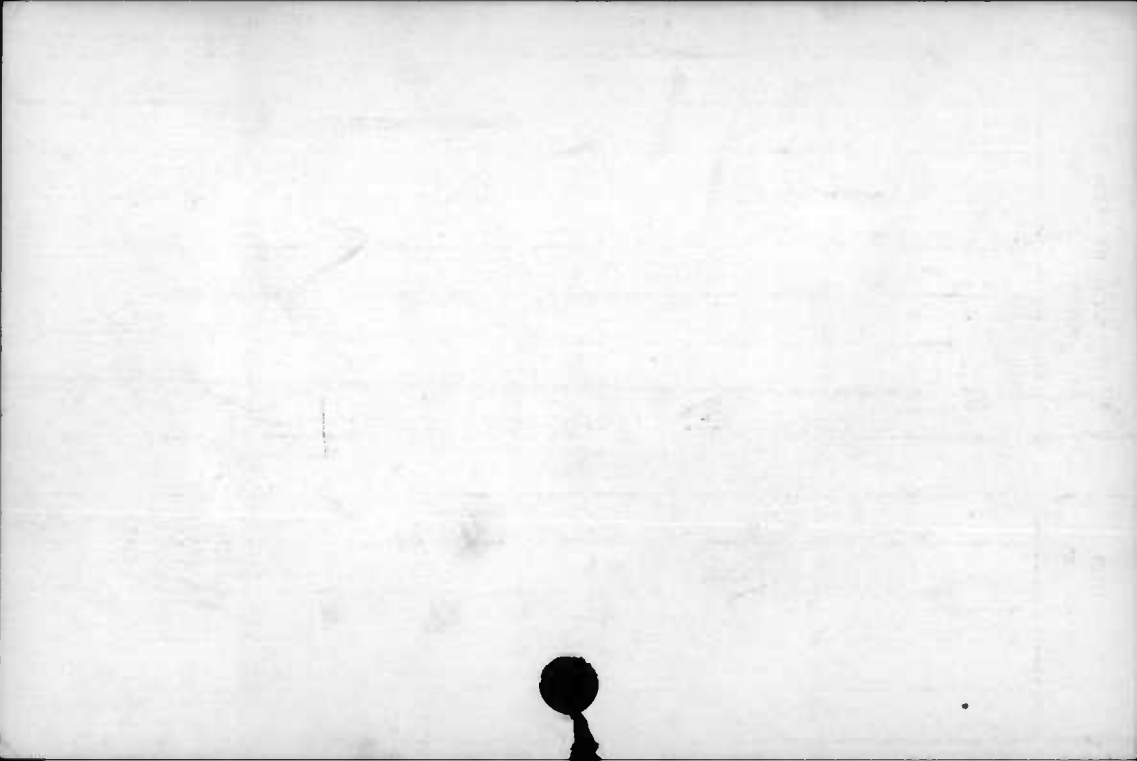
yes

Signature of  
Physician

Address

W. H. Tibbons  
Croom md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

Barney Galloway

Town

County

MARYLAND

Died at Jessup

Date

of death 1907

Month

6

Day

12

Age

Years

14

Months

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Pr. Geo. Ind

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Unknown

Father's  
BirthplaceMother's  
Maiden Name

Barrie Galloway

Mother's  
Birthplace

Md.

Name of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

4 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

R. A. Hammond  
Jessup, Md

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

E. F. Gaskell,  
Hyttsville  
Ind

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Susan Elizabeth Garner  
 Died at <sup>Town</sup> Riverdale <sup>County</sup> P. D.

MARYLAND

Date of death 1907 June 24 Age 67 Months 9 Days 22

Sex Female Color or Race White Birth-place Md

Occupation None Where Residing if not at place of death

~~Married, Single or Widowed~~ Name of Wife or Husband Edwin Garner

Father's Name Unknown Father's Birthplace Ind ?

Mother's Maiden Name Unknown Mother's Birthplace Ind ?

Name of person giving information How related to deceased

## CAUSES OF DEATH

Primary La Grippe (10) How long about 2 yrs

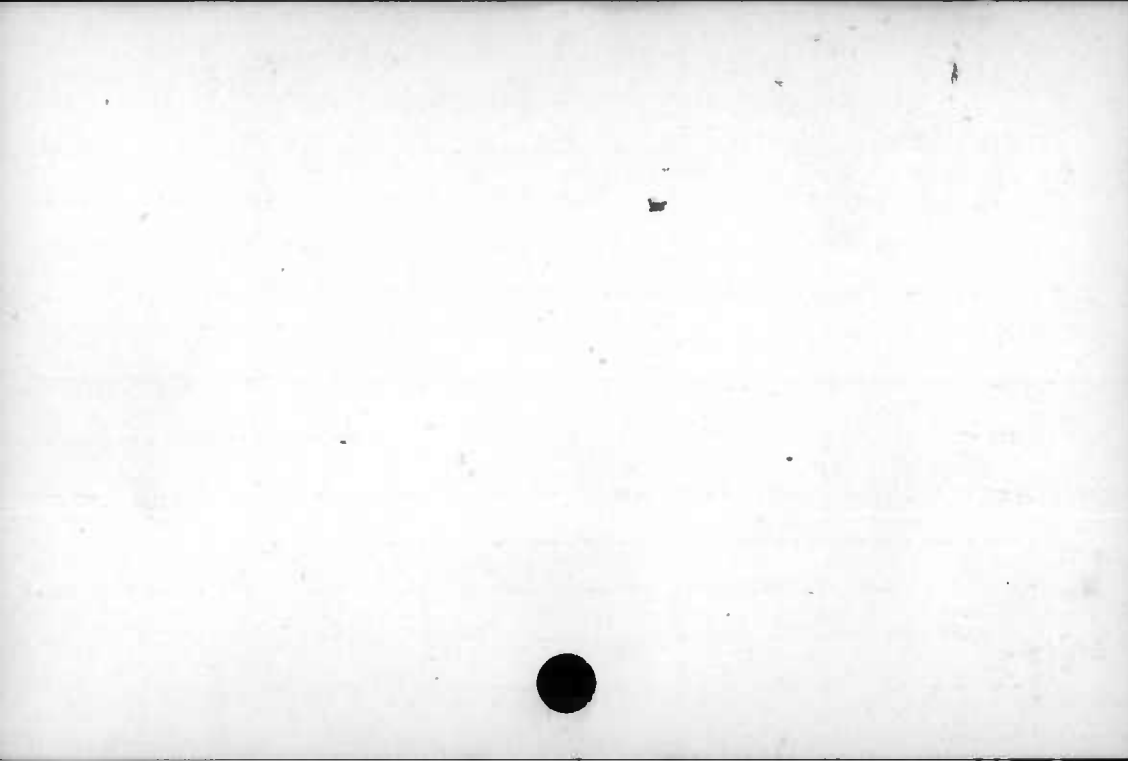
Immediate Anæmia & Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician M. Millan

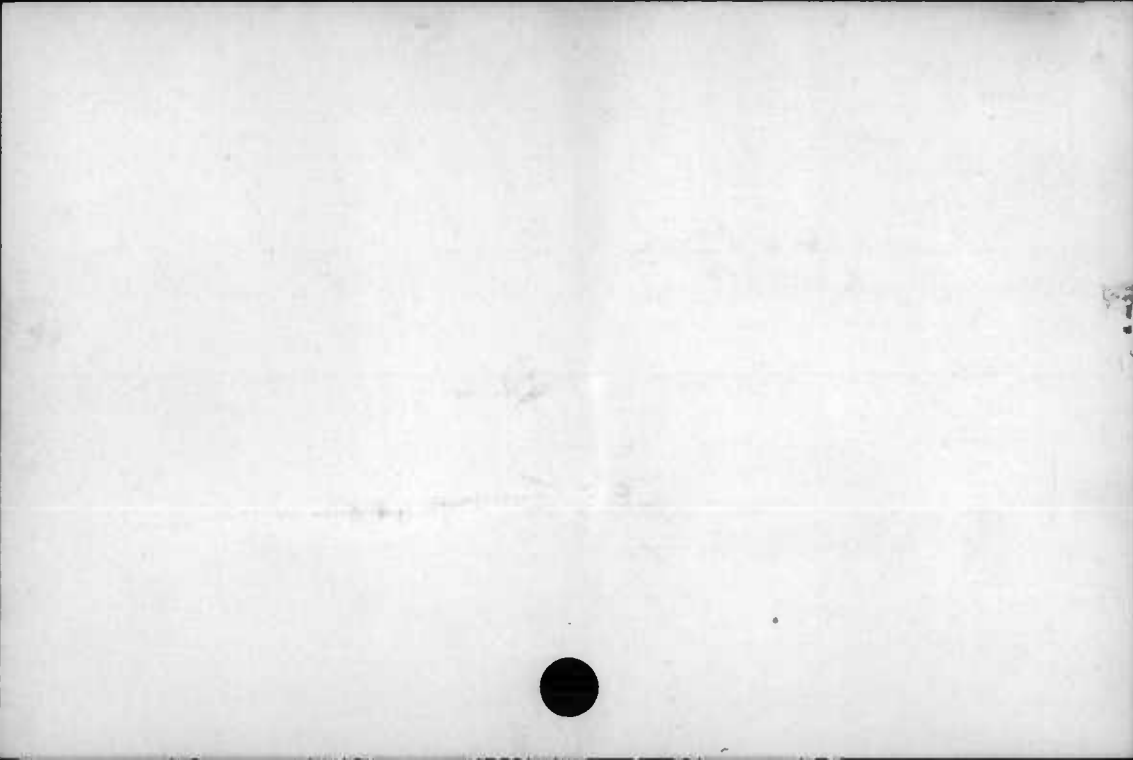
Address Riverdale

Accident or Suicide?





Name in Full		Mrs. Abbie Day Hawes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hyattsville</u> Town		County <u>Pr. Geo. Co</u>		MARYLAND	
		Date of death <u>1907</u> Month <u>June</u> Day <u>10</u>		Years <u>88</u>		Months <u>    </u> Days <u>    </u>	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Lowell, Mass.</u>	
		Occupation <u>house keeper</u>		Where Residing if not at place of death <u>    </u>			
		Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Chas. H. Hawes</u>			
		Father's Name <u>Corliss</u>		Father's Birthplace <u>Mass</u>			
		Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>    </u>			
TO BE ANSWERED BY NEAREST FRIEND		Name of person giving information <u>Mrs. Florence Sullivan</u>		How related to deceased <u>daughter</u>			
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Nephritis</u>		(120)		How long <u>    </u>	
		Immediate <u>cardiac failure</u>				How long <u>Immediate</u>	
		Are the name, age, sex, color, date, and place correctly given above? <u>yes</u>		Signature of Physician <u>Thos. E. Latimer M.D.</u>			
				Address <u>Hyattsville Md</u>			
		Accident or Suicide? <u>    </u>					



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Arthur Hawkins*

Town *Callington* County *D.C.*

Died at *Callington*

Date of death *1907 June 20* Age *70* Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *D.C. Col. Ind.*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *John Hawkins*

Father's Name *Salmon B. Bredon* Father's Birthplace *D.C. Col. Ind.*

Mother's Maiden Name *Mary Green* Mother's Birthplace *D.C. Col. Ind.*

Name of person giving information *John Hawkins* How related to deceased *Husband*

CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary *Phthisis Pulmonalis* How long *2 years*

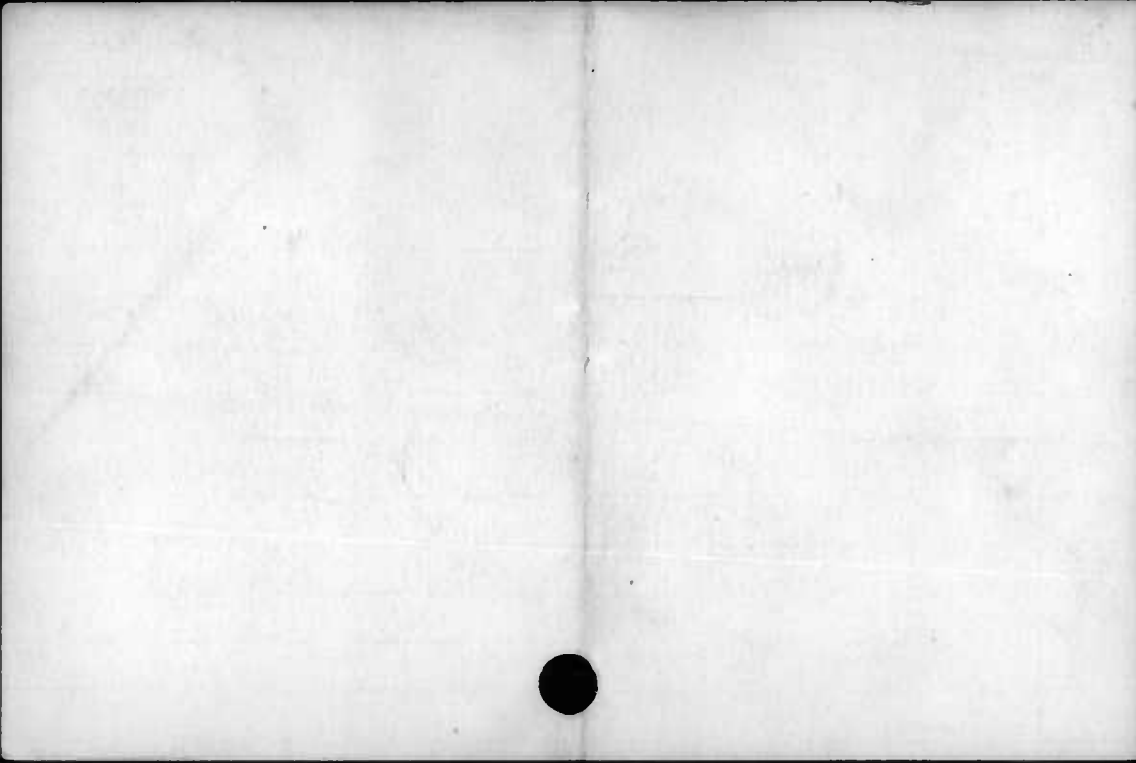
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. M. C. Wall M.D.*

Address *Springfield Ind.*

Accident or Suicide? *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

Helen Hicks

Town

Broad Creek

County

Pr. Geo.

MARYLAND

Died at

Date

of death 1907

Month

6

Day

14

Age

Years

9

Months

1

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Md.

Occupation

Child

Where Residing if not  
at place of death

Home

Married, Single  
or WidowedName of Wife or  
Husband

—

Father's  
Name

William Hicks

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Christiana Draper

Mother's  
Birthplace

"

Name of person giving  
information

William Hicks

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Round Worms

107

How long

13 months

Immediate

Convulsions

How long

1 hour

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

E. P. Simpson M.D.

Address

E. P. SIMPSON, M.D.

ROSECROFT,

PR. GEO. CO. MD.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Clarence Oliver Sghehart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bladensburg</u> <sup>Town</sup>		<u>P. Geo</u> <sup>County</sup> <u>Co</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>9</u>	Year <u>25</u>	Months <u>10</u>	Days
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Baltimore Md</u>		
Occupation <u>Conductor Street Ry</u>		Where Residing if not at place of death			
<del>Married</del> , Single <del>or Widowed</del>		Name of Wife or Husband			
Father's Name <u>Richard Sghehart</u>		Father's Birthplace <u>Howard Co Md</u>			
Mother's Maiden Name <u>Mary Chenoweth</u>		Mother's Birthplace <u>Baltimore</u>			
Name of person giving information <u>Mother</u>		How related to deceased			

## CAUSES OF DEATH

Primary <u>Tuberculosis</u>	How long <u>4 years</u>
Immediate <u>Cardiac asthma</u>	How long <u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Thos. E. Latimer M.D.</u>
	Address <u>Hyattsville Md.</u>
Accident or Suicide?	

PHYSICIAN  
OR CORONER





Name  
in  
Full

William Jarboe

## CERTIFICATE OF DEATH

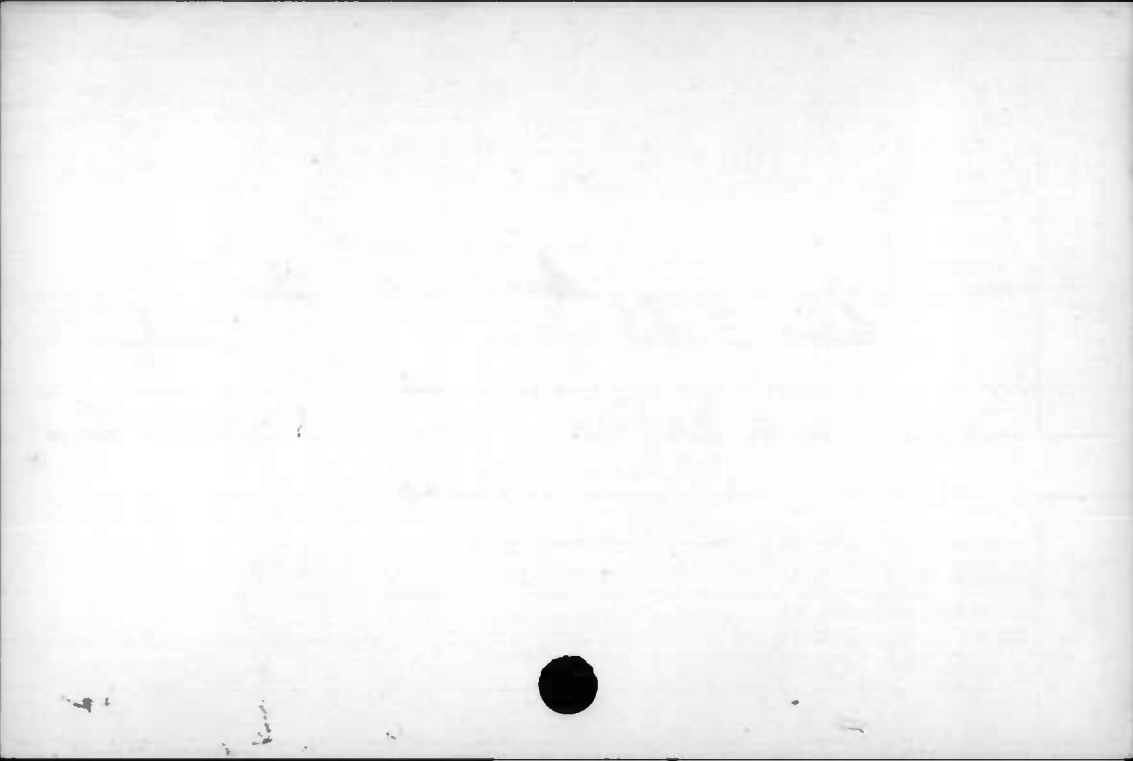
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Almo</i>		County <i>Prince George</i>		MARYLAND	
Date of death	1907	Month	6	Day	11	Years	Age 62
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Prince George Co</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death				<i>-</i>
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband		<i>Wilda Hood</i>		
Father's Name	<i>J. J. Jarboe</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Ellen E. Jarboe</i>				Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Emmie Allen</i>				How related to deceased	<i>Sister</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy</i>	<i>(64)</i>	How long	<i>3 days</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Harry Kelley</i>	
		Address	<i>Mt. Rainier</i>	
Accident or Suicide?			<i>no</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

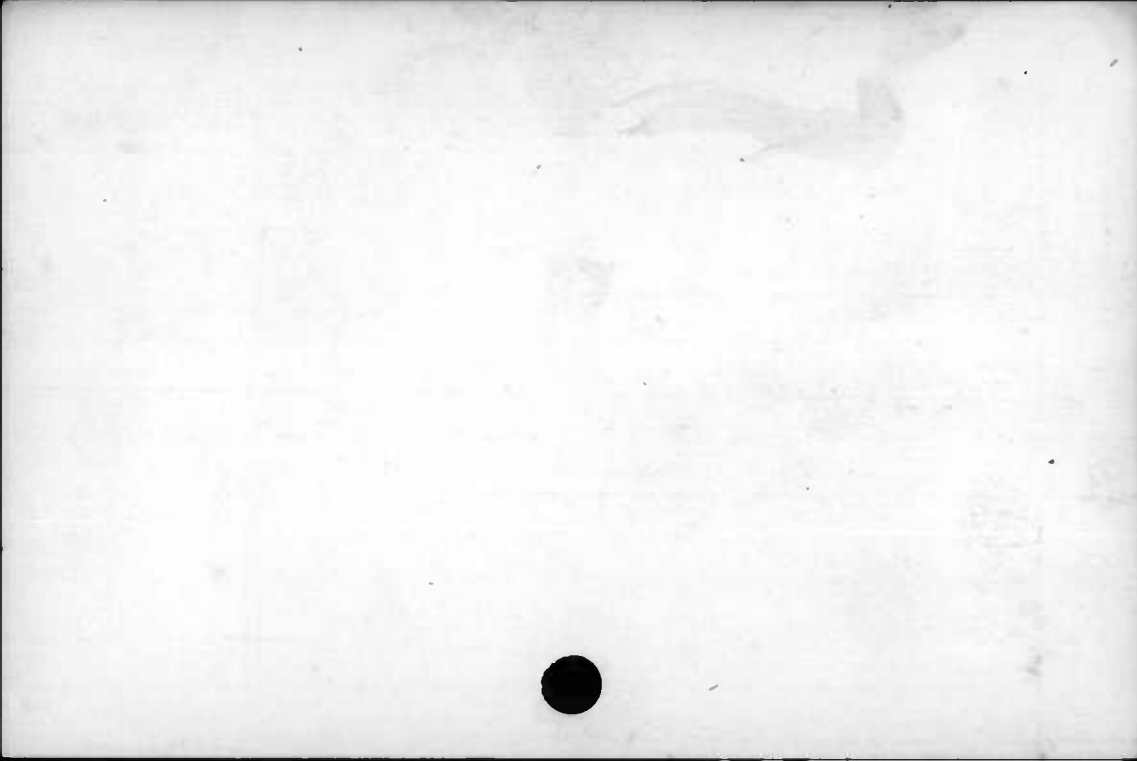
Name in Full <i>Myria E. Jardin</i>		Town <i>Lanume</i>		County <i>P. 434</i>		MARYLAND	
Died at <i>Lanume</i>		Month <i>June</i>		Day <i>26</i>		Age <i>34</i>	
Date of death <i>1907</i>		Month <i>June</i>		Day <i>26</i>		Age <i>34</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ma</i>		Months <i>7</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Lanume</i>		Months <i>7</i>		Days	
Married, Single or Widowed <i>yes</i>		Name of Wife or Husband <i>Armanua Jardin</i>		Father's Birthplace <i>Ma</i>		Mother's Birthplace <i>Ma</i>	
Father's Name <i>Charles R. Schaffer</i>		Mother's Maiden Name		How related to deceased <i>Brother in Law</i>		Name of person giving information <i>R R Walter</i>	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Cause <i>Paraneoplastic nephritis.</i>		How long <i>6 mo</i>	
Immediate Cause <i>Dropsy.</i>		How long <i>3 mo</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Ryerly</i>	
Address		Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

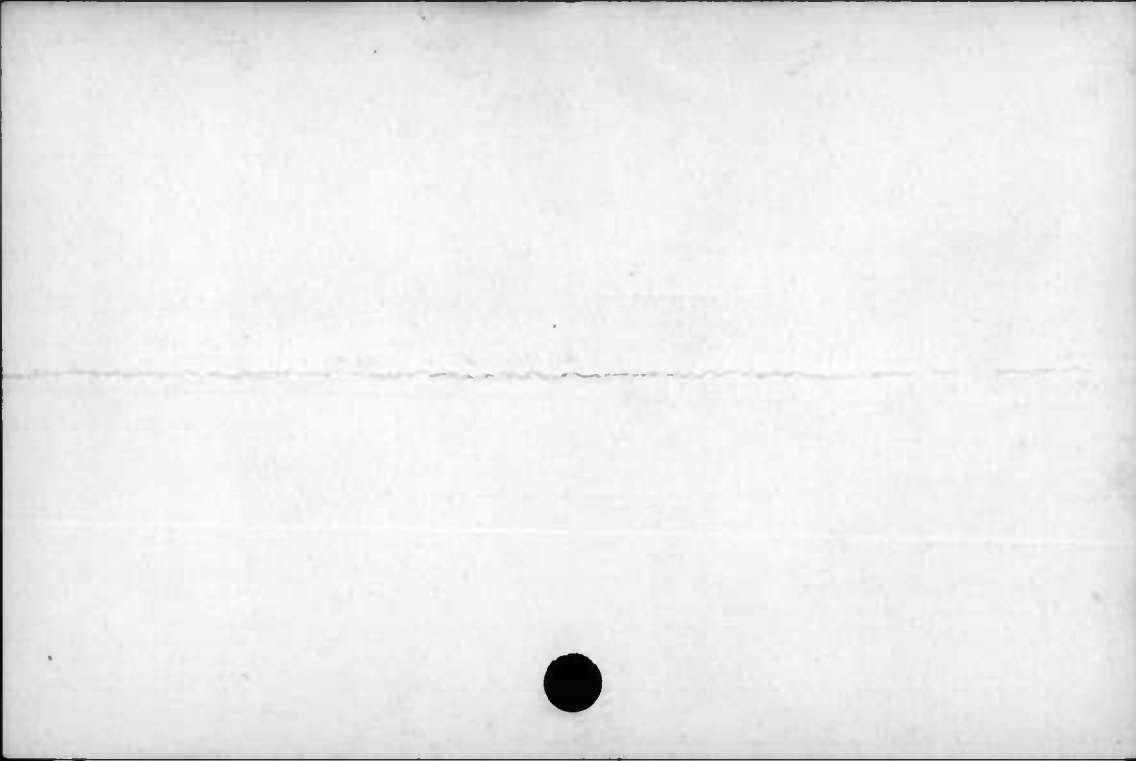
Name <i>Samuel Jennings</i>		Town <i>Mar Seabrook</i>		County <i>Prince Georges</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>unknown</i>		Years <i>46</i>	
Date of death <i>1907</i>		Months <i>X</i>		Days <i>X</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>			
Occupation <i>Woodchopper</i>		Where Residing if not at place of death <i>At place of death</i>					
Married, Single or Widowed <i>unknown</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>IL</i>					
Name of person giving information <i>Geo. E. Veed</i>		How related to deceased <i>none</i>					

## CAUSES OF DEATH

178

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Sudden death, Cause unknown</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Benjamin H. Grosz Jr.</i>
	Address <i>acting coroner</i>
Accident or Suicide? <i>unknown</i>	<i>Seabrook Maryland</i>



Name  
in  
Full

Pearl Wanda Johnson

## CERTIFICATE OF DEATH

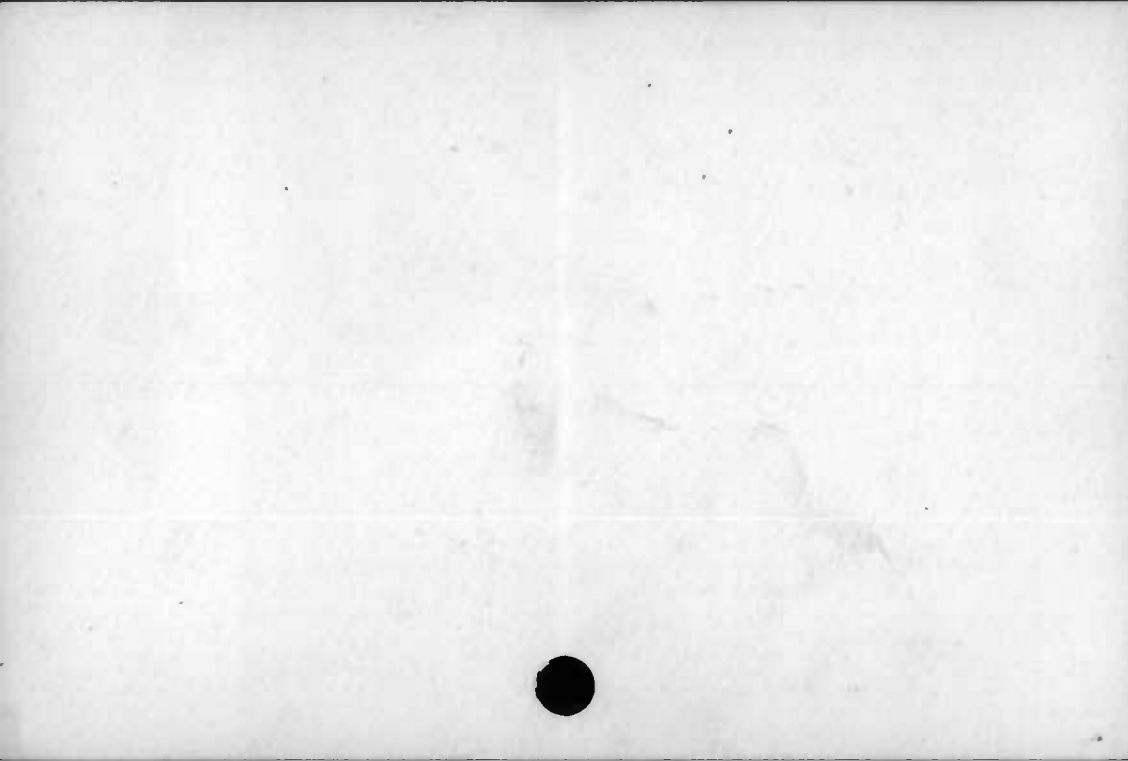
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lakeeland</i>		Town <i>Prince Georges</i>		County		MARYLAND	
Date of death	1907	Month	June	Day	30	Age	Years
						Months	4
						Days	3
Sex	<i>female</i>		Color or Race	<i>Negro</i>		Birth-place	<i>Ind.</i>
Occupation	<i>None</i>		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
<i>—</i>		<i>—</i>					
Father's Name	<i>Thomas Johnson</i>					Father's Birthplace	<i>Ind.</i>
Mother's Maiden Name	<i>Bertha Stewart</i>					Mother's Birthplace	<i>Ind.</i>
Name of person giving information	<i>Thomas Johnson</i>					How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Constitutional Syphilis</i>	(36)	How long	<i>4 mos</i>
Immediate	<i>Pneumonia</i>		How long	<i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>R B Johnson MD</i>	
<i>Yes</i>		Address	<i>Berwyn Ind.</i>	
Accident or Suicide?				





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *West Bladensburg* <sup>Down</sup> *Prince Geo.* County  
 Date of death *1907* Month *June* Day *24* Age *67* Years Months *9* Days *22*  
 Sex *male* Color or Race *white* Birth place *M. d.*  
 Occupation *Farmer* Where Residing if not at place of death  
 Married, Single or ~~Widowed~~ *married* Name of Wife or Husband *Margaret Wilson*  
 Father's Name *Hugh Kearney* Father's Birthplace *Ireland*  
 Mother's Maiden Name *Nellie Richards* Mother's Birthplace *M. d.*  
 Name of person giving information *Margaret Wilson* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *nephritis* **120** How long *3 yrs*  
 Immediate *asthenia* How long  
 Are the name, age, sex, color, date and place correctly given above? *yes*  
 Signature of Physician *Dr. J. H. Bates*  
 Address *Highgateville*  
 Accident or Suicide? *neither*

Julia's Richard.

Ben Parker

Name

in  
Full

## CERTIFICATE OF DEATH

Lottie Kidwell

Town

County

Died at

Chillum

Pr Geo

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

June

27

Age

1

7

Sex

female

Color or  
Race

white

Birth-  
place

Pr Geo Co

Occupation

Nurse

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Charles P. Kidwell

Father's  
Birthplace

Ga

Mother's  
Maiden Name

Mary

Mother's  
Birthplace

Va

Name of person giving  
Information

Charles P. Kidwell

How related  
to deceased

Father

## CAUSES OF DEATH

18

Primary

Whooping Cough

How long

2 weeks

Immediate

Convulsions

How long

one day

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

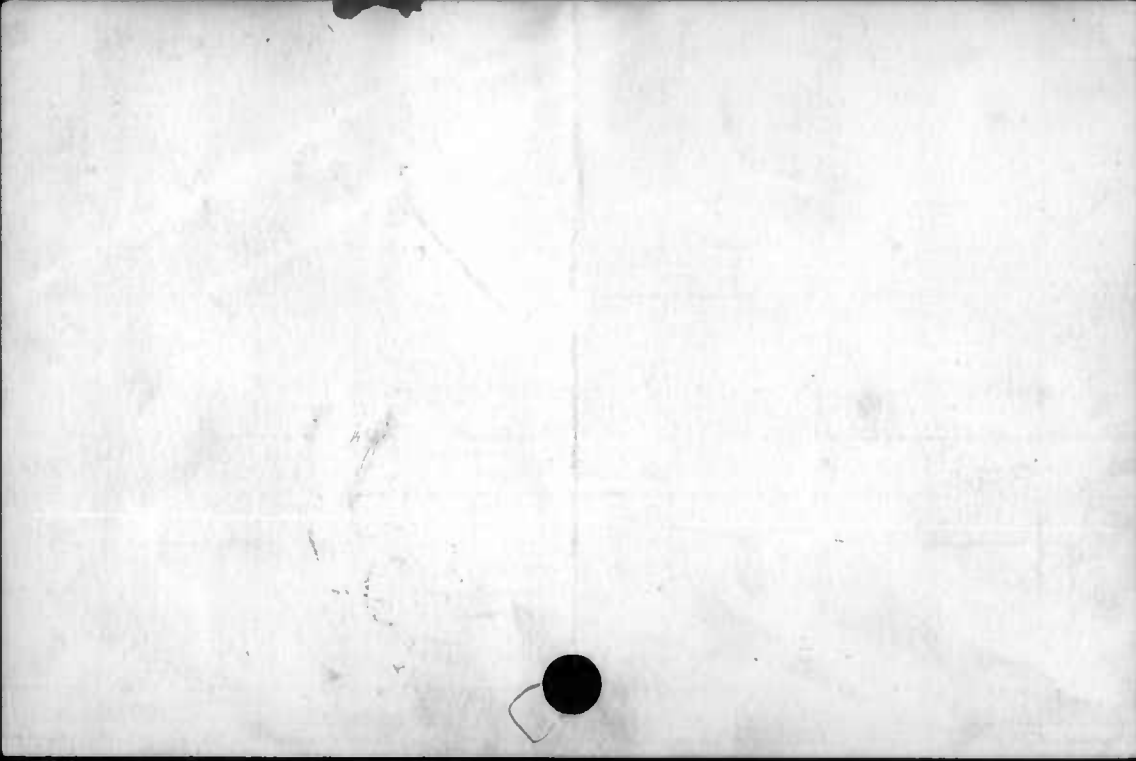
H. C. Willis

Hyattsville, Md.

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Bernard Kirby

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

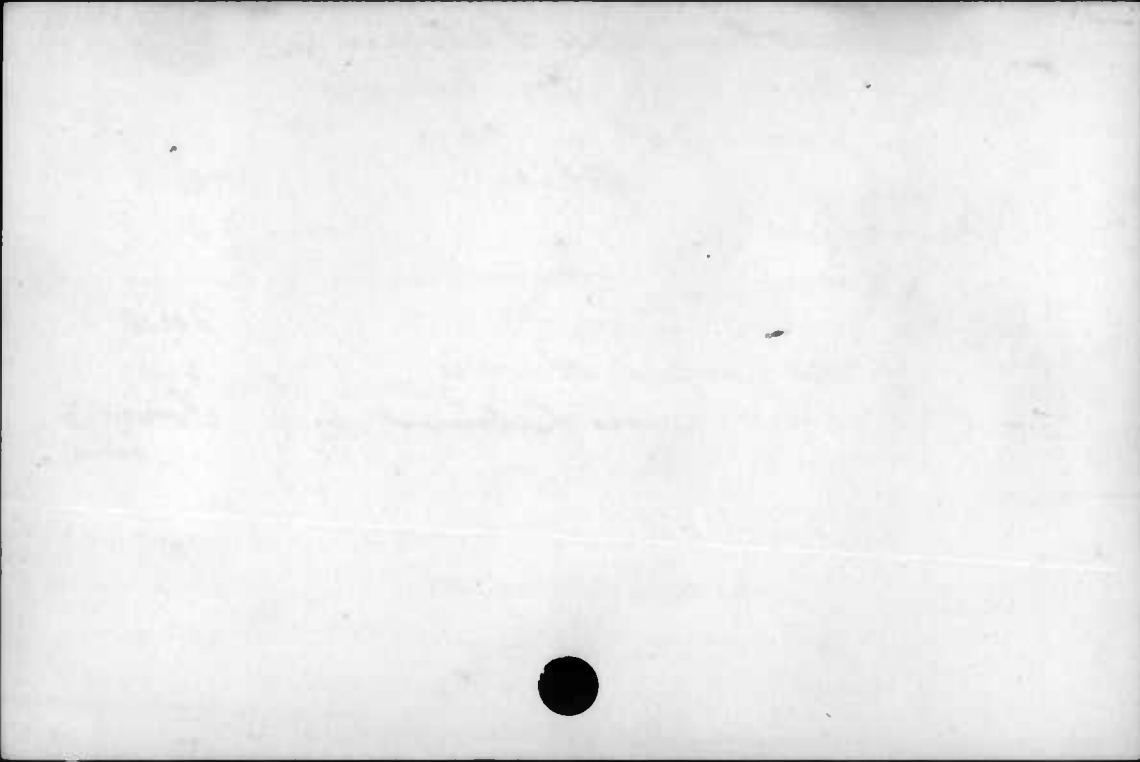
Died at		Thrift		Pr. Geo		County		MARYLAND	
Date of death		1907	Month 6	Day 24	Age 86	Years 6	Months 3	Days 3	
Sex		Male		Color or Race		White		Birth-place Md	
Occupation		Farmer		Where Residing if not at place of death					
Married, Single or Widowed		Widower		Name of Wife or Husband		W. A. Kirby			
Father's Name		Frank Kirby		Father's Birthplace		Md.			
Mother's Maiden Name		Miss Spalding		Mother's Birthplace		"			
Name of person giving information		Clayton Townsend		How related to deceased		Son-in-law			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Valvular Heart disease	How long	not known
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		John A. Corn	
Address		H.B.	
Accident or Suicide?		Md	



Name

in  
Full

Nathias Randolph Latimer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *near Orme P.O.* *Pri. Georges* County **MARYLAND**

Date of death *1907* *June* *20<sup>th</sup>* Age *74* *3* Months *3* Days

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Physician* Where Residing if not at place of death *Orme P.O.*

Married, Single or Widowed *Married* Name of Wife or Husband *Ann Rebecca Latimer*

Father's Name *Randolph Grant Latimer* Father's Birthplace *Md*

Mother's Maiden Name *Jane Cooper Harris* Mother's Birthplace *Ma.*

Name of person giving information *Chas Harris Latimer* How related to deceased *Son*

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary *Gastric Carcinoma* How long *Two years*

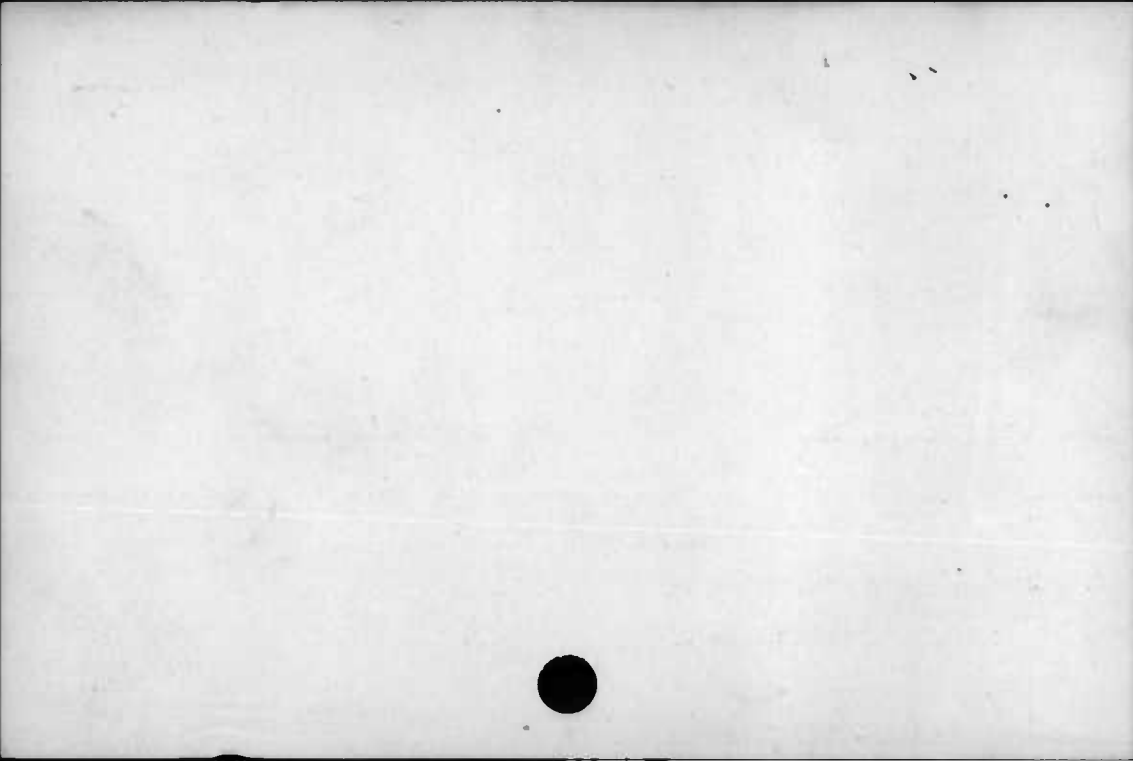
Immediate *Cancerous Cachexia* How long *Two months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. Morton Leman*

Address *Aguasco Md.*

Accident or Suicide?





Name  
in  
Full

Mary C Lowe

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

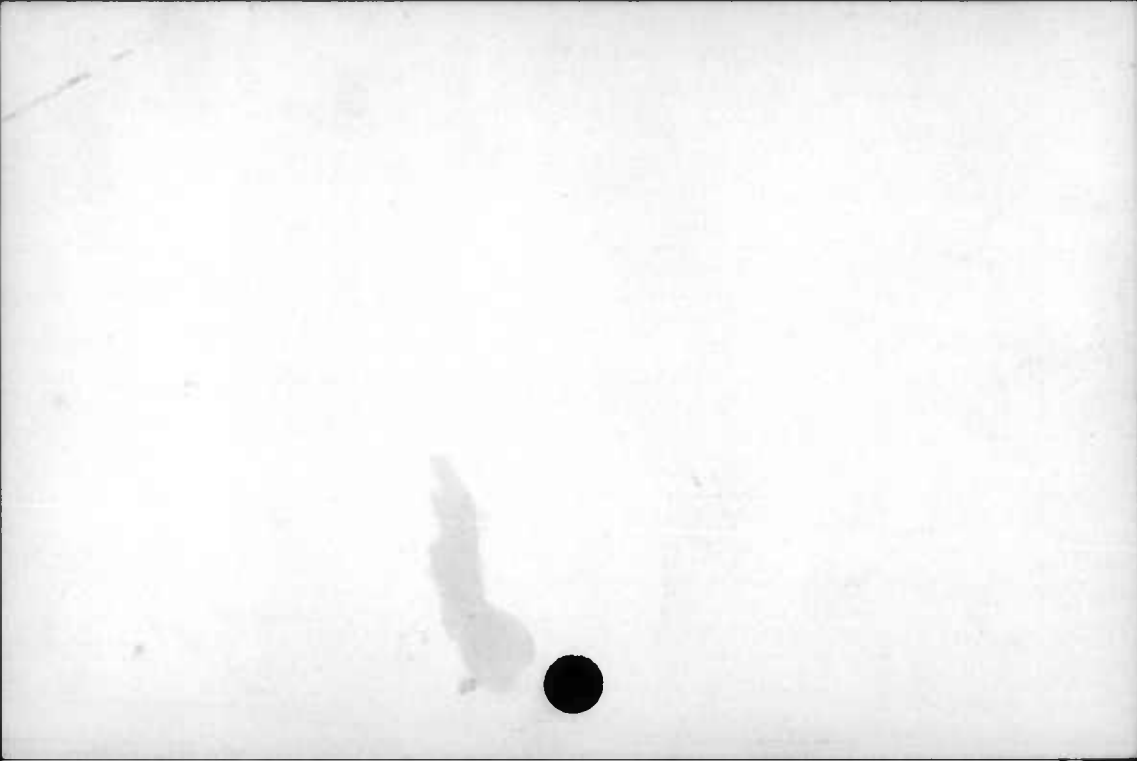
Died at <i>Forestville</i> <small>Town</small>		<i>P. George</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>June</i> <small>Month</small>	<i>9</i> <small>Day</small>	<i>17</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>md.</i>			
Occupation <i>Schoolgirl</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>William Lowe</i>	Father's Birthplace <i>md.</i>				
Mother's Maiden Name <i>Elizabeth V. Cage</i>	Mother's Birthplace <i>md.</i>				
Name of person giving information <i>Willie Lowe</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

4

PHYSICIAN  
OR CORONER

Primary <i>Malarial fever</i>	How long <i>10 days</i>
Immediate <i>acute Indigestion</i>	How long <i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Dausbury</i>
	Address <i>Forestville md.</i>
Accident or Suicide? <i>neither</i>	



Name  
in  
Full

Martha A. Marshall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Camp Springs, D.C.		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		June	25	60			
Sex		Female		Color or Race		Negro	
Birth-place		Ind					
Occupation		Housewife		Where Residing if not at place of death			
At home							
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or Husband					
William Marshall							
Father's Name		Unknown				Father's Birthplace	
Ind							
Mother's Maiden Name		Unknown				Mother's Birthplace	
Ind							
Name of person giving information		James Marshall				How related to deceased	
Son							

## CAUSES OF DEATH

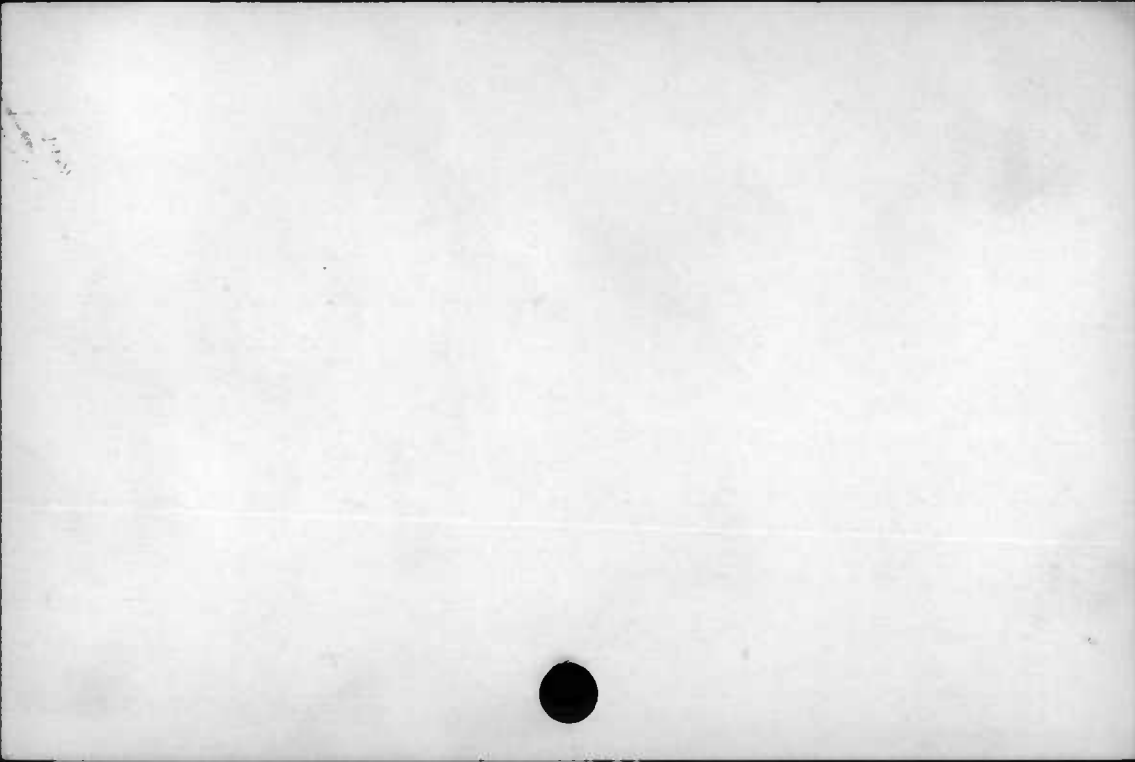
(179)

PHYSICIAN  
OR CORONER

Primary		Found dead		How long	
Immediate		Suffered heart failure		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. L. Henry	
		Address		Clinton	
Accident or Suicide?		No			



Name in Full		Adolph H. Metzler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Mt Ramier</i> <small>Town</small>		<i>Pr. Geo.</i> <small>County</small>		MARYLAND	
		Date of death 1907 <i>June</i> <small>Month</small>		<i>19</i> <small>Day</small>		<i>38</i> <small>Years</small>	
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Washington D.C.</i>	
		Married, Single or Widowed <i>Married</i>		Occupation <i>Clothing Salesman</i>			
		Name of Wife or Husband <i>Mary Metzler</i>					
		Father's Name <i>August Metzler</i>		Father's Birthplace <i>Germany</i>			
		Mother's Maiden Name <i>Doris Schmidt</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>F. A. Weber</i>		How related to deceased <i>Brother-in-law</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Nephritis Acute</i>		<i>119</i>		How long <i>3 mos</i>	
		Immediate <i>Exhaustion</i>				How long <i>—</i>	
		Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <i>J. C. Ohlendorf, M.D.</i>			
		Address <i>Brentwood, Md.</i>					
Accident or Suicide?							



Name  
in  
Full

Wm. J. Moore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>ZB</u> Town		<u>P.R.</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>5</u>	Years <u>67</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Ind</u>		
Occupation <u>Labourer</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>George M. Moore</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mary Moore</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Joe Moore</u>			How related to deceased <u>brother</u>		

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<u>Valvular Heart-disease</u>	How long	<u>not known</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>John A. C.</u>	
		Address <u>ZB - Ind</u>	
Accident or Suicide?			





Name  
in  
Full

Richard H. Perkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Barnabas</i> Town		<i>Pr. Geo.</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>6</i>	Day <i>9</i>	Age <i>84</i> Years	Months <i>3</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>D. C.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death' <i>Home</i>		
Married, <del>Single</del> <del>Widow</del>	Name of Wife or Husband <i>Mary Jane Perkins</i>				
Father's Name <i>Richard Perkins</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Mary Perkins</i>	Mother's Birthplace <i>GA</i>				
Name of person giving information <i>George H. Perkins</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

(91)

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis</i>	How long <i>9 months</i>
Immediate <i>Cardiac Weakness</i>	How long <i>7 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Simpson</i>
	Address <i>E. P. Simpson, M. D. ROSECROFT, PR: GEO: CO: MD:</i>
Accident or Suicide?	



Name  
in  
Full

Ella Queen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

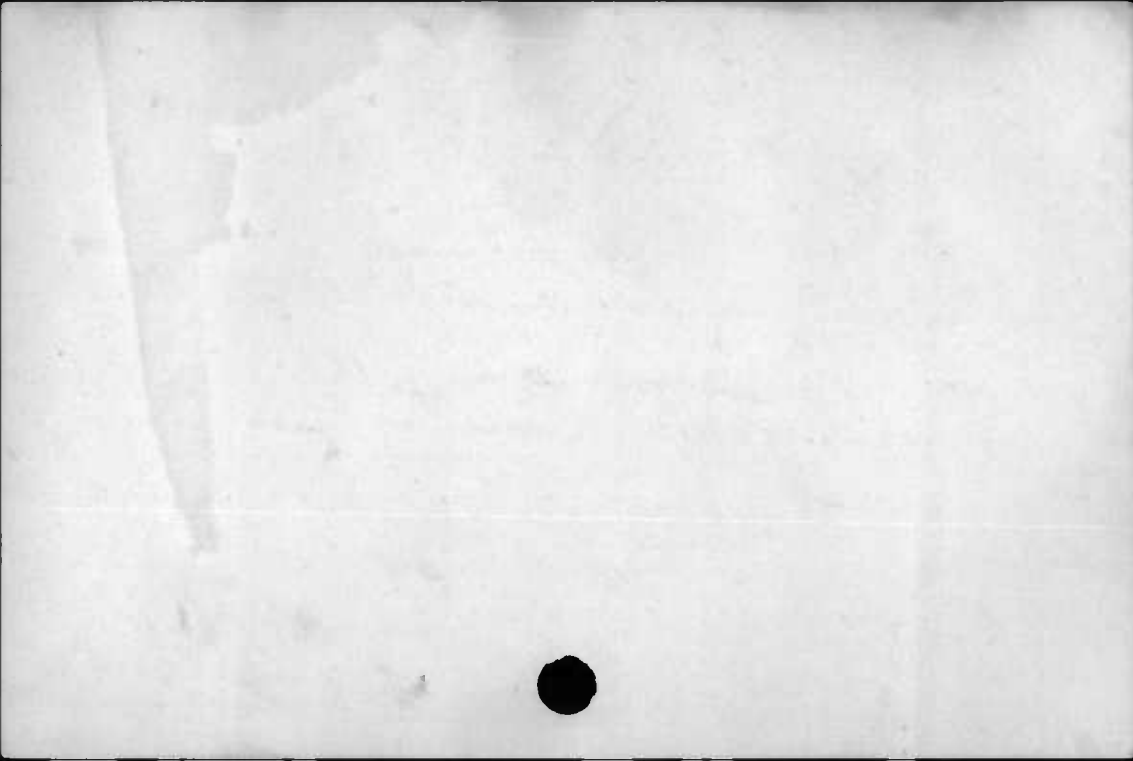
Died at <u>Forestville</u> <sup>Town</sup>		<u>P.O.</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u>	Month	<u>June</u>	Day	<u>10</u>
Age		Years		Months	
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>P.O. Md</u>
Occupation	<u>none</u>	Where Residing if not at place of death			
<del>Married</del> Single or <del>Widowed</del>	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Harvey Queen</u>	Father's Birthplace	<u>Md</u>		
Mother's Maiden Name	<u>Marttha Queen</u>	Mother's Birthplace	<u>Md</u>		
Name of person giving information	<u>Harvey Queen</u>	How related to deceased	<u>Father</u>		

CAUSES OF DEATH

(137)

PHYSICIAN  
OR CORONER

Primary	<u>Congenital weakness</u>	How long	<u>Since birth</u>
Immediate	<u>Marasmus</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>John E. Sausbury</u>	
No Phys. in attendance?		Address	
<u>no</u>		<u>Forestville,</u>	
Accident or Suicide?		<u>P.O. Md.</u>	
<u>neither</u>			



Name  
in  
Full

Caroline Selvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Brandywine <sup>Town</sup> Pr. Geo <sup>County</sup>  
 Date of death 1907 6 <sup>Month</sup> 15 <sup>Day</sup> Age about 76 <sup>Years</sup> Months Days  
 Sex female Color or Race Colored Birth place Ind  
 Occupation General housework Where Residing if not at place of death  
 Married, Single or Widowed Widow Name of Wife or Husband Peter A. Selvey  
 Father's Name Leonard Johnson Father's Birthplace Ind  
 Mother's Maiden Name Hennetta Summers Mother's Birthplace Ind  
 Name of person giving information Leonard Johnson How related to deceased Brother

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary Valvular Heart disease How long  
 Immediate Valvular Heart disease How long not known  
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician John A. Cor  
 Address Z.B.  
 Accident or Suicide? Ind



Name  
in  
Full

Laura Edward Shuey -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

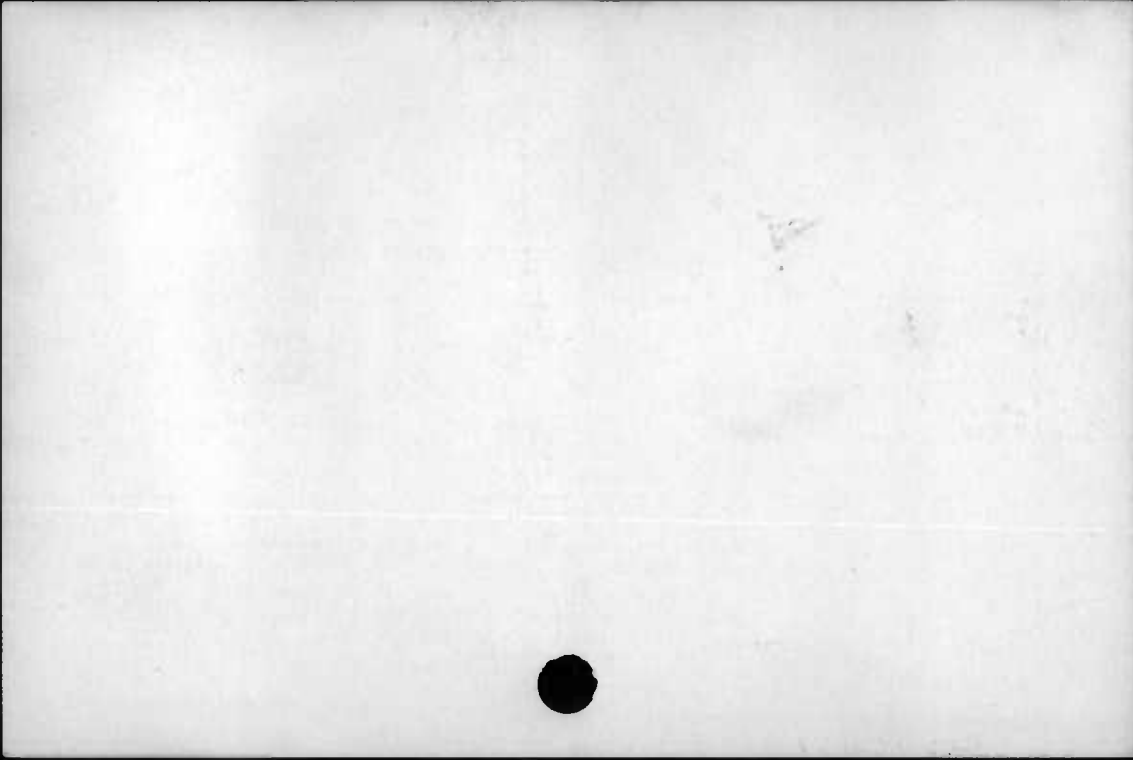
Died at <i>Quincy</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>June</i>	Day <i>2</i>	Age <i>61</i>	Years <i>2</i> Months <i>15</i> Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth place <i>Virginia</i>		
Occupation <i>house wife</i>	Where Residing If not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Lewis E. Shuey</i>				
Father's Name <i>Edward Bond</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Sarah Schooley</i>	Mother's Birthplace <i>Virginia</i>				
Name of person giving information <i>Elett H. Perry</i>	How related to deceased <i>Son in law</i>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Mitral Regurgitation</i>	How long <i>unknown</i>
Immediate	<i>Syncope</i>	How long <i>15 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>J. M. Brady, M.D.</i>
		Address <i>Kenilworth, N.J.</i>
Accident or Suicide?		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

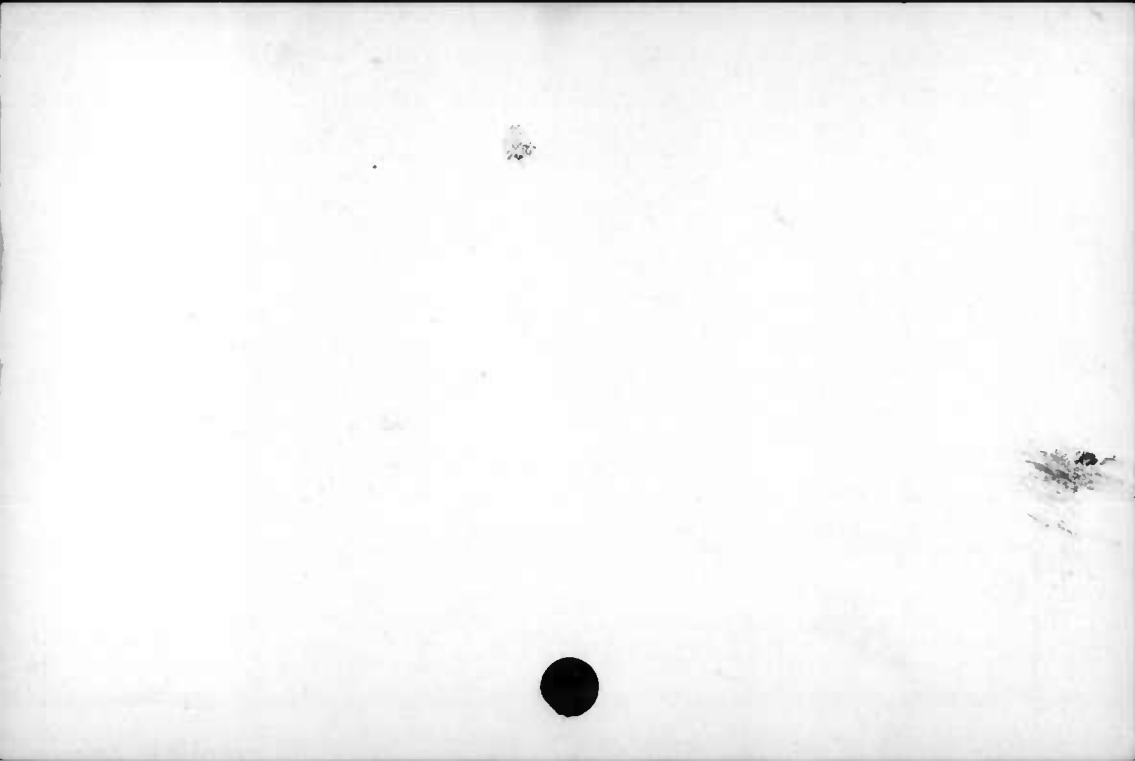
Died at <u>Horton</u> Town		<u>P. G.</u> County		MARYLAND	
Date of death	1907	Month	June	Day	27
Sex	Female	Color or Race	White	Years	5
Occupation	House	Birth-place	Ind	Months	
Where Residing if not at place of death		Horton			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		James Smith		Father's Birthplace	
Mother's Maiden Name		Barrett		Mother's Birthplace	
Name of person giving information		James Barrett		How related to deceased	
				Faction	

## CAUSES OF DEATH

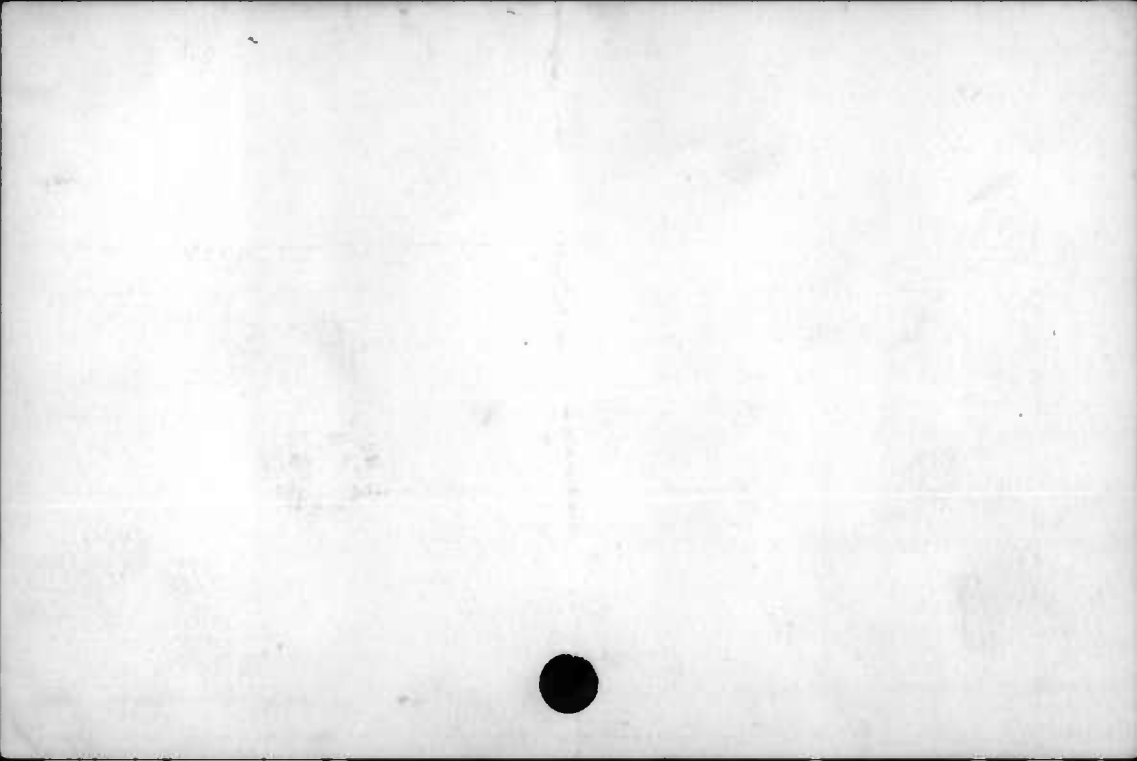
74

PHYSICIAN  
OR CORONER

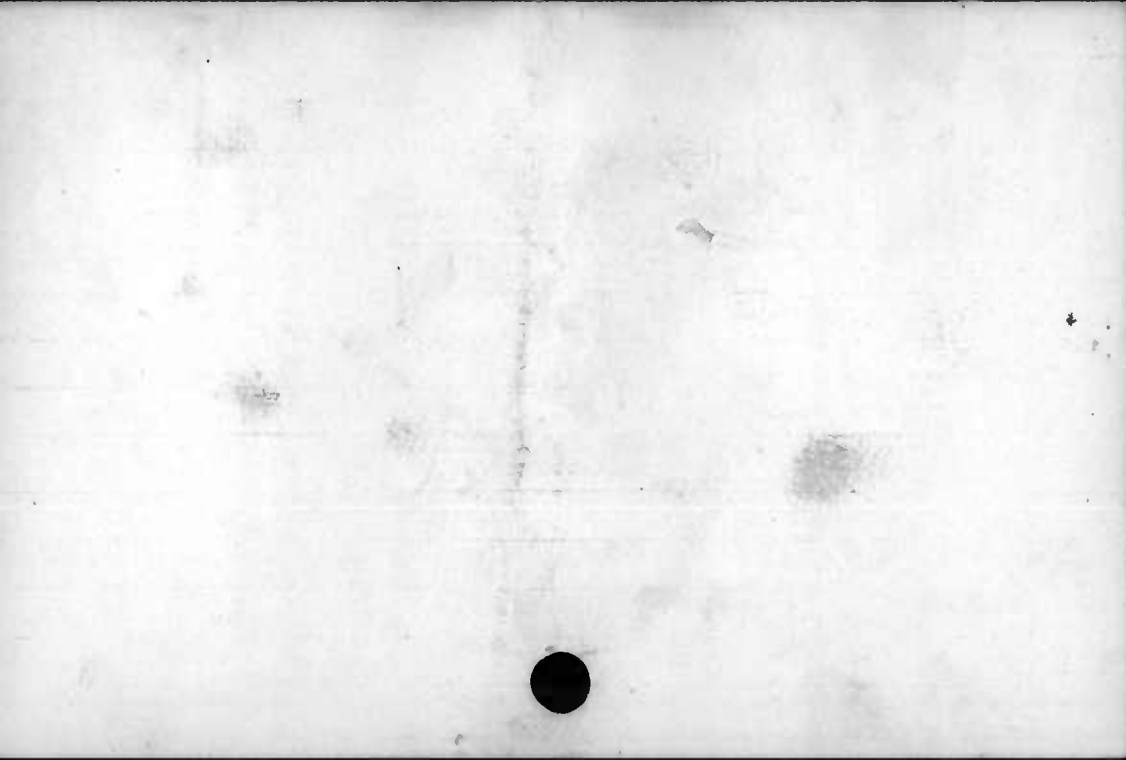
Primary	No report - suffocated while sleeping	How long	Auto
Immediate	Very large head.	How long	
Are the name, age, sex, color, date and place correctly given above?		I think so	
Signature of Physician		J. F. Waring	
Address		Clinton	
Accident or Suicide?		Ma	



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hyattsville</i> <small>Town</small>		<i>Prince George</i> <small>County</small>	
		Date of death <i>1907 June</i> <small>Month</small>		<i>15</i> <small>Day</small>	<i>8 hours</i> <small>Years</small>
		Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Hyattsville Md</i>
		Occupation <i>None</i>		Where Residing if not at place of death	
		Married, Single or Widowed		Name of Wife or Husband	
		Father's Name <i>George D. Sutton</i>		Father's Birthplace <i>New York City</i>	
		Mother's Maiden Name <i>Minnie Louise Bailey</i>		Mother's Birthplace <i>Norwalk Conn</i>	
Name of person giving information <i>Geo D. Sutton</i>		How related to deceased <i>Father.</i>			
		CAUSES OF DEATH			
PHYSICIAN OR CORONER		Primary <i>Premature Infant (6 1/2 mo.)</i>		How long	
		Immediate		How long	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>H. J. Board</i>	
				Address <i>14th St.</i>	
		Accident or Suicide?			



Name in Full		Birtia Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Swittland</i> <small>Town</small>		<i>Alle</i> <small>County</small>		MARYLAND	
		Date of death <i>1907</i> <small>Month</small> <i>June</i> <small>Day</small> <i>10</i> <small>Age</small> <i>—</i> <small>Years</small> <i>6</i> <small>Months</small> <i>—</i> <small>Days</small>					
		Sex <i>Female</i> <small>Color or Race</small> <i>Colored</i>		Birth-place <i>md</i>			
		Occupation <i>none</i>		Where Residing if not at place of death			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
		Father's Name <i>William Thomas</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Lettia Roser</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Frank Thomas</i>		How related to deceased <i>Brother</i>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">92</div>							
PHYSICIAN OR CORONER		Primary <i>Pneumonia &amp; Grippe</i>		How long <i>10 days</i>			
		Immediate <i>Asthenia</i>		How long <i>3 days</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John E. Sausbury</i> <i>MD</i>			
				Address <i>Fresville</i>			
		Accident or Suicide? <i>no</i>		Place of death <i>md</i>			



Name  
in  
Full

Leslie P. Wells.

## CERTIFICATE OF DEATH

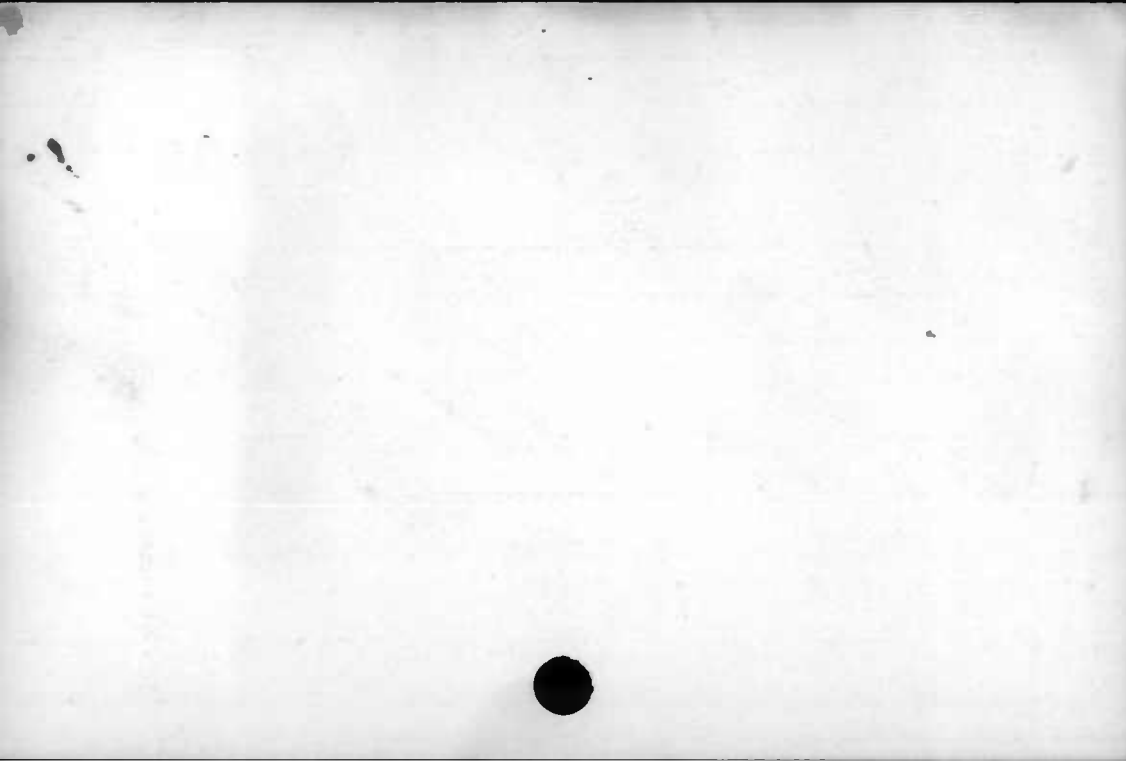
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Marlboro</u> Town		<u>P. Geo</u> County		MARYLAND	
Date of death <u>190</u> <u>June</u> Month	<u>18</u> Day	Age <u>—</u> Years	<u>1</u> Months	<u>—</u> Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Marlboro</u>			
Occupation <u>None</u>	Where Residing If not at place of death <u>—</u>				
Married, Single <u>—</u> Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Arthur Wells</u>	Father's Birthplace <u>P. Geo. Co. Md</u>				
Mother's Maiden Name <u>Thurckell</u>	Mother's Birthplace <u>P. Geo. Co. Md</u>				
Name of person giving information <u>Arthur Wells</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Don't know</u>	<u>(71)</u>	How long <u>Don't know</u>
Immediate <u>Convulsions</u>		How long <u>Dying when saw</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. G. J. Fitch</u>	Address <u>Upper Marlboro</u>
		<u>Md</u>
Accident or Suicide? <u>—</u>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Seat Pleasant* <sup>Town</sup> *Pr. Geo.* <sup>County</sup>Date of death *1907* <sup>Month</sup> *June* <sup>Day</sup> *10<sup>th</sup>* <sup>Years</sup> *76* <sup>Age</sup><sup>Months</sup> *—* <sup>Days</sup> *—*Sex *male* Color or Race *White* Birth-place *md.*Occupation *Carpenter* Where Residing if not at place of death *—*Married, Single or Widowed *Widower* Name of Wife or Husband *Annie Rebecca Wilburn*Father's Name *William Wilburn* Father's Birthplace *md.*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *Harris F. Wilburn* How related to deceased *Son.*

## CAUSES OF DEATH

Primary *Paralysis* **66** How long *2 yrs.*Immediate *—* Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *John C. Sansbury*Address *Forestville* *md.*Accident or Suicide? *Neither*

